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ABSTRACT

This practicum was designed to help first and second grade students, who had been identified as Division of Youth and Family Service, Pupil Assistance Committee and/or Child Study Team referrals, positively interact with their peers. The four components of the practicum were the systematic teaching of social skills, teacher training, an in-school mentoring program, and increased efforts to improve communication between parent and school personnel. Analysis of the data indicated that the proactive teaching of social skills to students and their respective teachers, combined with a positive mentoring relationship, helped the students learn and practice the necessary skills to enable them to positively interact with their classmates. It reports that regular communication between the home and the school was essential to the development of an environment of trust, which enabled the writer to have a better understanding of the family dynamics, to develop appropriate interventions, and to help provide resources for these children and their families. Findings indicate that parents and guardians became very supportive of the school and began to reinforce rules and establish consequences at home when their children exhibited poor behavior. (Includes 31 references and 4 appendixes.) (Author/JDM)

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ED 435 072

# The Systematic Teaching and Modeling of Social Skills to Students Exhibiting Disruptive Behavior

by
Diane Haviland
Cluster 91

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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PRACTICUM APPROVAL PAGE

This practicum took place as described.

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This practicum report was submitted by Diane Haviland under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Abstract

The Systematic Teaching and Modeling of Social Skills to Students Exhibiting Disruptive Behavior. Haviland, Diane E., 1999: Practicum Report, Nova Southeastern University, Ed. D. Program In Child and Youth Studies. Elementary School Guidance Counselor/Social Skills Groups/Mentoring/Teacher Training/Parent Communication.

The practicum was designed to help enable first and second grade students, who had been identified as Division of Youth and Family Service, Pupil Assistance Committee and Child Study Team Referrals to positively interact with their peers. The four components addressed by the writer during the practicum included the systematic teaching of social skills, teacher training, an in-school mentoring program, and increased efforts to improve communication between parent and school personnel.

Analysis of the data indicated that the proactive teaching of social skills to students and their respective teachers, combined with a positive mentoring relationship, helped the students learn and practice the necessary skills to enable them to positively interact with their classmates. Regular communication between the home and the school was essential to the development of an environment of trust which enabled the writer to have a better understanding of the family dynamics, to develop appropriate interventions, and to help provide resources for these children and their families. Parents and guardians became very supportive of the school and began to reinforce rules and establish consequences at home when their children exhibited poor behavior.

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# Chapter 1. Introduction

## Description of Community

This practicum took place in the northeastern United States along the Atlantic coast. The city is the largest in the county with a population of 30,000 residents. This urban community includes a diverse multi-cultural population comprised of Caucasian, Black, Latino, and Portuguese families. The community, which measures 10 square miles, was formerly a wealthy resort town. It now faces the typical urban problems of a large city with areas of poverty, crime, drugs, unemployment, single parent families, and high mobility rates.

## Writer's Work Setting

Under the Quality Education Act, the school district is one of 28 special needs districts that receives Abbott funding. The district consists of six elementary schools, one middle school, one high school, and one alternate school. The average salary for teachers in the district is $43,585. The average number of years teaching experience is fifteen. The school in which the writer works is one of six elementary schools in the district. It is comprised of kindergarten through second grade classes and a pre-kindergarten handicapped program. Upon completion of grade two, students attend a sister school for grades three through five before moving to the middle and high schools. The mission of the school is to provide a safe, disciplined, clean, and caring learning environment in order to educate all students to their highest potential, while fostering positive growth in artistic, athletic, and social/emotional skills and attitudes.

Parents select from one of three magnet programs housed within the school. There are eight half-day pre-k handicapped classes for children ages 3 ½ - 5 years old, who meet the evaluation criteria for entrance. A five-part assessment is completed by the child study team for each student. Kindergarten, first and second grade students participate in either the Marine Science Environmental or Talented Performing Arts Program. The average class size is approximately 25 students. The K-5 Marine Science curriculum focuses upon marine life and environmental issues. The K-5 Talented Performing Arts Program is made up of the following five components dance, art, drama, vocal music, and instrumental music. Students receive instruction in these areas daily throughout the school year. Special sharing days are scheduled for the parents at the end of each cycle.

The staff is composed of 32 teachers, 14 paraprofessionals, 1 principal, 2 full-time secretaries, 5 speech and language therapists, 2 occupational and physical therapists, 9 part-time special subject teachers, 1 guidance counselor, 1 nurse, 5 child study team members, and 4 custodians. The student teacher ratio is 14.2: 1. Teachers holding a master's degree constitute 42% of the staff.

There are approximately 412 students enrolled in the school for the 1998-1999 school year. The fall minority report lists 159 black, 188 white, 57 Hispanic, 2 Asian/Pacific, and 6 other. Students are eligible for free and/or reduced breakfast and lunch programs based upon family income. The majority of the students are bused to and from school. Sixty-nine pupils attend before and after-school programs located within the building, while their parents/guardians are working. Many children reside in single or foster parent

homes. The mobility rate for the 1997-1998 school year was 22%. This exceeds the state rate of 16% by 6%. Many of the students have been exposed to alcohol, substance abuse, and violence within their home or neighborhood. English is the primary language spoken within 87% of the homes followed by Spanish (9%), Portuguese (2%), and French (1%).

Writer's Role

The writer is the only guidance counselor in the school. Listed below are some of the responsibilities associated with this role.

1. She schedules individual and group counseling for students.
2. She provides classroom guidance lessons on topics such as alcohol/drug abuse, HIV-aids, safety, feelings, self-esteem, listening, manners, and social skills.
3. She provides referral services inside and outside of the school for students, parents, and staff members.
4. She consults with parents, teachers, the nurse, child study team personnel, and the principal regarding the needs of students and the school.
5. She prepares class lists for each school year.
6. She is a member of the School Management Team, which is a mandated committee of the state's Whole School Reform movement for districts receiving Abbott Funds.
7. She assists teachers and parents with intervention strategies for students experiencing difficulties in the classroom and at home.
8. She coordinates and schedules Pupil Assistance Committee meetings within the

building.

9. She is the school liason and coordinator for Thanksgiving and Christmas food baskets, holiday toys, and clothing for those families in need.
10. She is a member of the school Crisis Intervention Team, which may be called into action in the event of the death of a student or staff member.
11. She initiates, reinforces, and monitors school-wide incentive programs that may include topics such as behavior, academic success, manners, citizenship, and the school safety patrol.
12. She provides in-service sessions and assistance to new teachers.
13. She works closely with the local hospital, Division of Youth and Family Services, social service agencies, and the police department.
14. She monitors students with problem attendance working in conjunction with the district attendance officer.

## Chapter II: Study of the Problem

### Problem Statement

The problem to be solved in this practicum was that first and second grade students, who have been identified as Division of Youth and Family Service (DYFS), and/or Child Study Team referrals, were unable to positively interact with their peers. This inability to positively interact with their classmates resulted in aggressive acting out behaviors that often became violent. When this occurred, disruptive students were removed from their classrooms, which resulted in the loss of instruction time for these students in addition to an interruption in learning for the remainder of the students in the class.

### Problem Description

In this writer's school, policy states that when a student exhibits behavior that is violent to himself or others, he/she will be removed from the classroom. If the student is not willing to accompany the teacher out of the classroom, the teacher immediately contacts the office to have a designated staff member escort the student from the classroom. At the time of these incidents, the student's aggressive behavior appears to be spontaneous or impulsive in nature. Little to no warning signs are exhibited by the student that an outburst is about to occur. All staff members in the school have participated in workshops designed to teach various techniques that need to be implemented in order to help de-escalate problems before they reach the crisis stage. These strategies are practiced daily which helps to alleviate most of the serious problem situations. In nearly every instance, the student involved is simply unable to express his/her problem verbally prior to the outburst. Instead of asking for help or expressing his/her feelings appropriately, the student's behavior turns violent and may take the form

of hitting others, throwing objects, using obscenities, becoming defiant, or breaking and/or defacing property. When these situations occur, not only is the student deprived of the academics for that period, but it interrupts the learning of the other students as well. Once the student is removed from the classroom to a quiet place and the tantrum has subsided, he/she will eventually be able to explain what precipitated the outburst, why it was wrong, and what should be done next time to prevent a similar situation from occurring in the future. Unfortunately, when next time comes, the problem-solving skills are quickly forgotten and the inappropriate behaviors continue to be repeated.

Problem Documentation

There were five pieces of evidence that indicated the problem existed in the writer's work setting. Twelve first and second grade students who repeatedly exhibited these types of behaviors were identified. It was these types of problem behaviors that the writer wished to change. The first piece of evidence was compiled from discipline referral forms. Discipline referral forms are completed by the classroom teacher when a student has physically harmed another person, used profanity, repeatedly refused to comply, or defied classroom rules. The student is sent to the principal's office, with the referral form, for further disciplinary action by the principal or the guidance counselor. These forms are kept on file in the principal's office as a matter of record. After reviewing the discipline referral forms on file, all 12 students had 3 or more discipline reports from the last marking period.

The second piece of evidence included pupil assistance committee meeting referral forms and reports. Teachers and/or parents may request a Pupil Assistance Committee

meeting when they are in need of assistance in dealing with a student who is below grade level academically or whose behavior is physically violent or consistently inappropriate. Upon completion of a referral form, the writer/counselor schedules a meeting of this committee which consists of the teacher, principal, counselor, and one or more members of the child study team. The parents are also invited in order to obtain more information. The counselor maintains a log of all scheduled meetings, the referral forms, strategies implemented, and their outcomes. All 12 of the students identified for this practicum had been referred to the Pupil Assistance Committee, either this year or last year.

The third piece of evidence that indicated a problem existed was located on the student report cards. Teachers indicate with the letter "N" (needs improvement) under the category labeled "Behavior" on the child's report card each marking period, if a student's behavior is not satisfactory and is in need of improvement. All 12 of the students identified received an "N" for behavior on the last marking period report card.

The fourth piece of evidence included suspension records from the 1997-1998 and the 1998-1999 school discipline report. Six of the 12 students were suspended from school for a 3-day period 1 or more times. Three of the other 12 students received in-school suspensions for a 1 to 2-day period 1 or more times.

The final piece of evidence included Division of Youth and Family Service (D.Y.F.S.) referrals and/or documented accounts of open case histories. Students may be reported to D.Y.F.S. if a teacher, neighbor or family member suspects abuse. D.Y.F.S. calls and referral forms are maintained in the counselor's office. Agency workers consult with the school counselor/writer for information and visit the school to interview students when

necessary. Seven of the 12 students were on record as active D.Y.F.S. cases.

Causative Analysis

The writer identified six probable causes for the problem as it existed. The first cause was attributed to violence, abuse, and drugs in the home environment. The writer found, through conferences with parents, guardians, and/or agency workers, that these students had been exposed to drugs or were upset and confused by violence and drug usage in the home. Youngsters who must endure chaos, instability, and fighting within the home are deprived of the opportunity to vent their own feelings and cope with the emotional abuses of fear and anxiety (Ackerman, 1987). Basler (1999) stated:

> Kids 'act out' when their lives spin out of control. Too many young people don't realize that feelings belong to them, that they have control over their own feelings and actions, and that they can decide to do whatever they want to do. (p. 41)

Children need security to handle these negative emotions, which is absent in chemically dependent families (Ackerman, 1987). Moote and Wodarski (1997) stated " students routinely face difficult environmental stressors that include, but are not limited to divorce/single parent families, domestic violence, parental drug and alcohol use/abuse, physical and sexual abuse and neglect" (p.143). In this writer's workplace, conferences with parents repeatedly revealed that the child was angry due to divorce, domestic violence, an addicted parent, or had been the victim of abuse and/or neglect. These very young children were unable to express their feelings safely at home, so they often exhibited aggressive behavior in school.

The second cause leading to the problem was that students who had not been exposed

to social skills prior to entering school, did not know how to positively interact with others. Rose-Krasnor (1985) described social skill competence as "the attainment of relevant social goals in specified social contexts, using appropriate means and resulting in positive developmental outcomes" (p.57). Fantuzzo, Manz, and McDermott (1998) wrote that "mastery of social competencies that result in successful interactions with peers and peer acceptance is a primary developmental task for primary school children" (p.199). Pre-school children with normal cognitive skills, but expressive language delays, have difficulty interacting positively with peers and adults (Kaiser & Hester, 1997). During this period of development, child-directed peer activities provide the opportunity for young children to learn to inhibit aggression, share, take turns, cooperate, and show consideration for the feelings of others. Children must attain these skills in order to be accepted by their peers. Failure to learn these developmentally appropriate skills places children at high risk for social incompetence and maladaptive behaviors such as school failure, emotional maladjustment, and peer rejection (Fantuzzo, et al., 1998).

Direct observation of students by the writer indicated that students often did not positively interact with others because they had not been taught or observed appropriate social skills. Children learn by what they see and by what they are told. Many of the parents within the writer's school are very young in age. Research indicates that 2/3 of out of wedlock births are teenage mothers which accounts for 6 million children, under the age of 5, whose mothers were adolescents at the time of birth (Moote & Wodarski, 1997). One-fourth of the students that are evaluated and admitted into the pre-school

handicapped program, within the writer's school, have delays in socialization and portray severe behavior disorders. They are also the products of mothers who gave birth during their teenage years.

The third cause for this behavior was that students are taught one means of problem solving in the home, which is often in direct conflict with rules that are taught, encouraged and enforced as the norm in the school setting. The writer found through interviews with students and their parents that often children had been exposed to severe methods of discipline, domestic abuse and violence in their neighborhoods. This type of environment had indirectly taught, and served to reinforce in the child, the idea that violence is the primary means used to solve conflicts. If children are not taught to solve problems peaceably, they will be unable to conform to the rules of the school and society. The literature confirmed that it is not true that the child has no problem-solving skills, but rather has learned to solve problems by reacting in the same way that he/she has seen or learned at home. Students will not automatically solve problems peaceably, but must be taught appropriate social skills that avoid violence and aggression (Elias, Frey, Greenberg, Haynes, Kessler, Schwab-Stone, Shriver, Weissberg & Zins, 1997).

The fourth cause that contributed to the problem was due to the student's prenatal exposure to drugs and/or alcohol. The writer again found through interviews, case histories, and agency workers that 8 of the 12 mothers were actively using drugs prior to the birth of the child. Van Tassel (1992) wrote that "children who have been prenatally exposed to drugs are unable to function in the traditional school classroom, even with the help of an aide" (p.10). Prenatal exposure to alcohol/drugs adversely affects infants and

can cause permanent damage. The absence of consistent physical and emotional nurturing in their early lives may cause these children to have difficulty with even the most basic skills such as processing and following directions, playing with toys, or interacting with others. Children who have been prenatally exposed to drugs and lived in this environment in their early years will exhibit mental, motor, language, cognitive, and social/emotional developmental behaviors that are not age appropriate (Van Tassel, 1992). Inadequate parenting and family instability which is often characteristic of this environment further contributes to developmental problems. Studies indicated that these children have poor verbal skills, suffer memory deficits, and become easily frustrated by developmentally challenging tasks (Grollman & Brady, 1994). These behaviors were consistent with concerns voiced by the teaching staff on a daily basis.

The fifth cause of aggressive behavior was a direct result of violence, crime, and graphic visual descriptions of horrific events viewed on television and in the movies. Interviews with parents and students indicated that young children verbalize and emulate their fears and the violence they witness. Adubato (1998) wrote "television news is dangerous to our children's emotional and psychological health. There is growing research linking excessive television viewing to social isolation, passivity, and depression which is most problematic in urban areas because low income children watch more television" (p.9).

The sixth cause that led to this problematic behavior was that schools had not been formally teaching social skills. Each year, classroom teachers are faced with more responsibilities and curriculum demands leaving little to no time for social skills

instruction. The systematic teaching of these skills, however, would help to alleviate and improve the negative behaviors that are attributed to prenatal drug exposure, violence in the home and on television, different norms and expectations practiced within the home environment, and inadequate parenting skills.

Relationship of the Problem to the Literature

The writer gleaned information from numerous sources regarding the problem. Educators throughout the country, in rural areas as well as inner-city neighborhoods, have voiced concern that there is an increase in the number of young children who commit violent and aggressive acts to their peers. These children lack a moral code, show no remorse for their actions and are unconcerned regarding repercussions (Massarani, 1998). Siegel (1993) reported her preschoolers were very defensive, exhibited no sensitivity for the feelings of others, and were unable to accept blame for their actions. These children expected instant gratification, lost interest in activities and exhibited poor listening skills (Siegel, 1993).

Students who are diagnosed with conduct disorder are unable to positively interact with their peers. Kaiser and Hester, (1997) wrote "conduct disorder as defined by the DSM-IV is the repetitive and persistent pattern of behavior that violates the rights of others or acts against age appropriate rules of society" (p.117). Childhood conduct disorder results in significant problems in social relationships with peers at home and in school and poor academic performance. Conduct disorder occurs in 5 to 10% of school-age children, mostly from disadvantaged backgrounds. The three variables consistently associated with conduct disorder in young children are living in disadvantaged economic

and social circumstances, dysfunctional parenting, and specific child personality traits. Often times the response of the parent towards the child's behavior heightens the problem (Kaiser & Hester, 1997).

Some believe that the disproportional number of negative factors which are found in at-risk youth render them incapable of social or academic success (Wolin & Wolin, 1993). Resiliency studies have found that there are certain protective factors within all individuals, including youth at risk, that reduce the negative impact of stressful situations and problems, enabling children and adults to overcome the most difficult adversities (Wolin & Wolin, 1993). Guttman (1999) stated "resilience is the ability to get through, get over and thrive after trauma, trials and tribulations" (p. 4). Wolin and Wolin (1993) believed "the resiliency theory revolves around the message, your risks, stressors, or problems are not the end of the road. They are only steps on the road of life. Together we will find ways for you to bounce back" (p.11). In studies of children raised in abusive homes who later emerged as successful, happy adults, all attributed their resiliency attitude to feeling connected to others. Many had found an adult or mentor, outside of their immediate family, who had given them a sense of belonging and importance (Guttman, 1999).

Many of the students, within the writer's school, who exhibit behaviors that cause them to be unable to positively interact with others are of African American heritage. This inability to positively interact with others is linked to the following study:

1. There is a high risk factor for African American youths resulting in significant obstacles to their successful academic, personal, and social development.

2. African American youth have a high representation as victims of perpetrators of violent crime.
3. There is a disproportionate number of black students in special education programs, labeled as underachievers in reading and math, and called slow learners.
4. One out of two African American families lives in poverty, resulting in 2/3 of the population having poor health care and a high mortality rate for infants.
5. The suspension rate for black youths is high.
6. Many African American youths experience frustration and anger due to poor achievement in school thus resulting in aggressive behavior (Campbell-Whatley, Algozzine & Obiakor, 1997).

These facts are further exacerbated by the disproportionate number of these children who reside in large urban areas where schools and social service agencies are already overwhelmed by social problems.

The acquisition of social skill competencies is also affected by poverty. Children under six years of age are the largest group of children living in poverty (Fantuzzo et. al., 1998). Hanson and Lynch (1992) reported "although it is fallacious to assume that all individuals who are poor will do poorly in school, children in impoverished homes are much more likely to have poor educational, social, and health outcomes than those from higher socioeconomic status families" (p. 293). In high risk families, delays in child language development occur due to the lack of vocabulary modeling, positive feedback for child talk, and the lack of extended explanations and verbal reasoning (Hart & Risley, 1992). Undeveloped social skills may also be attributed to a higher rate of

language and learning problems in lower socioeconomic families. Parents of children who exhibit language delays are likely to have had language and behavior problems as children (Kaiser & Hester, 1997).

Resiliency studies have indicated that some children exposed to potent risk factors have become healthy competent adults. Henderson (1996) stated "many children identified as 'high risk' do not develop the litany of problems educators have come to expect" (p.10). Some characteristics of resiliency can be found in everyone if educators look carefully. Protective factors such as flexibility, self-motivation, feelings of self-worth, and sociability are characteristics within an individual or family that can reduce the negative impact of stressful life events (Henderson, 1996). Since most protective factors are not inherited but can be learned, educators could teach protective factors to their students to offset the negative factors, and the outcome would result in greater resiliency (Henderson, 1996).

Numerous causes were discussed in the review of the literature. One such study conducted by Siegel (1993) indicated the parents of these students believed that the problem existed only in school, and therefore, they were not responsive to change. These parents exhibited aggressive behavior themselves, which the children witnessed, in addition to violence viewed on television. There was also no consistent discipline plan at home. In school, rather than structuring lessons that led to positive social behavior, teachers led activities that were competitive in nature, thus adding to the problem (Siegel, 1993).

Ackerman, adolescent psychiatrist, (1998) wrote "nature and nurture interact to make

up each child's individual psychology, but there's no single predetermining factor" (p.16). Children who grow up in abusive homes may act aggressively to others as a means of taking revenge on those individuals who mistreated them. If they feel uncomfortable themselves, they may be cruel to others in order that they may feel powerful by making someone else feel hurt or sad. Adversely, they may be quiet and considerate so as not to mistreat others and be hurt as they have been themselves (Ackerman, 1998).

Other causes for these inappropriate behaviors include television violence, games, the Internet, graphic news reports, limited parental supervision, poor impulse control, the lack of social skills, and the inability to express emotions and solve conflicts peaceably. These factors contribute to the problem that children are not getting clear and consistent messages about how people are supposed to treat each other (Massarani, 1998).

Much of the literature reviewed has a direct relation to the writer's work setting. For the students participating in the practicum experience, violence in their homes and neighborhoods occurs on a daily basis. For them, it is a way of life. In all cases, these children are either routinely unsupervised or spend a major part of the day in school, daycare or with a babysitter. They hear adult conversations that they are developmentally unable to understand, causing them fear, anger, and stress. Drugs and alcohol abuse in their families is evident. They all have difficulty, staying on task, listening and following directions, and controlling impulsive behavior. They exhibit little remorse and their behavior usually escalates when they are confronted or told they must conform to the rules. These students are underachievers and have difficulty making and sustaining

friends. They do not possess certain protective factors that need to be capitalized upon to assist them in overcoming various risk factors such as low socioeconomic status, dysfunctional parenting, drug and alcohol abuse, and exposure to violence. They receive one message in school concerning proper behavior and receive a stronger, conflicting message at home. They have the ability to verbalize at great length about violent television shows, movies, videos, and computer games; however, when they become frustrated and angry, they are unable to express their feelings in an acceptable way in school. Many of these young children live at the poverty level, residing in federally assisted housing and participating in the free lunch and breakfast program. The parents spend the day working outside the home and/or caring for many siblings, which leaves little to no time for meaningful verbal interactions with their children. Many of these parents are young, single mothers, who gave birth to their children when they were in early adolescence themselves. Most do not possess appropriate parenting skills or even know how to effectively communicate with others.

In reviewing the literature, it was necessary to limit the scope of the search. The data bases used included Nova's Einstein Library, Monmouth University Library, the Wall Township Public Library, and the writer's personal and office libraries. The information was obtained through books, educational and psychological professional journals, and newspapers. Information was elicited from 1984-1999. Search words included the following: social skills, interpersonal skills, primary/elementary school children, at-risk students, communication skills, behavior disorders, peer support groups, mentoring programs, and feelings.

## Chapter III: Anticipated Outcomes and Evaluation Instruments

### Goals and Expectations

The goal of the practicum was to enable first and second grade students, who had been identified as Division of Youth and Family Services, Pupil Assistance Committee, and/or Child Study Team referrals to positively interact with their peers.

### Expected Outcomes

The following four outcomes were projected for this practicum:

1. Eight of the 12 students will display appropriate behavior and not be sent to the principal's office with a discipline card for aggressive behavior for more than one offense during the last month of the practicum.
2. Eight of the 12 students will not need referral to the Child Study Team at the conclusion of the practicum.
3. Fewer than 4 of the 12 students will be suspended from school during the last 4 weeks of the practicum activities.
4. Eight or more of the 12 students will receive a "satisfactory" rather than a "needs improvement" on their report cards in the subject labeled "Behavior" on the third marking period report card.

### Measurement of Outcomes

1. The project would be considered successful if 8 of the 12 students did not receive more than one discipline card for inappropriate behavior in class during the last month of the practicum. Discipline cards were selected as an evaluation instrument because they are recognized within the school district by teachers,

administrators, parents, and students as an official record of student misconduct. They document accounts of serious behavioral outbursts versus minor infractions of unacceptable school behavior. This outcome was measured by counting the number of discipline cards submitted to the office for each student during the last month of the practicum.

2. The project will be considered successful if at the conclusion of the practicum activities 8 of the 12 students do not need their former referrals to the Child Study Team to be regenerated. Referrals are generated by the classroom teacher and submitted to the principal and writer/counselor. It is then the counselor's responsibility to schedule a meeting of the Pupil Assistance Committee which includes the referring teacher, ancillary staff that may be assisting the student, the parent, and members of the Child Study Team. Each referral form documents the areas of concern regarding a student's academic, social and/or emotional behaviors and the intervention strategies that the teacher has implemented in order to help the student with the problematic behavior described. Referral for a Child Study Team evaluation indicates that all regular education intervention measures were unsuccessful and that testing for a disability followed by a special education program may be warranted. The writer selected this as an evaluation measure because all 12 students who participated in the practicum appeared to be candidates for possible special education classification, due to the unacceptable behaviors that they exhibited on a daily basis. The writer will measure this outcome by keeping a record of the number and names of students referred for further services to the Child Study Team.

3. The project will be considered successful if fewer than four of the students are suspended from school or receive in-school suspension during the last 4 weeks of the practicum implementation. This outcome will be measured by a count of the school suspension letters sent home to parents and by a review of the monthly discipline report that is submitted to the office of the school superintendent. The students' names, dates of occurrences, the offenses, and the type of suspension will be recorded in the writer's journal.

4. The project will be considered successful if eight or more of the students receive a "satisfactory" in the subject labeled "Behavior" on their report cards. This outcome will again be measured by collecting the students' report cards and counting the number of "satisfactory" or "needs improvement" grades recorded by the classroom teacher. Report card grades were selected as an evaluation instrument because they are considered by the school system and the parents to be a recognized tool to report student progress.

Mechanism for Recording Unexpected Events

Due to the possibility of unexpected events occurring during the implementation of this practicum, the writer used three methods to document and record data. The first method was the utilization of a journal to record daily events. This journal was used to describe information such as:

1. Detailed lesson plans used by the writer with peer support groups.
2. Dates of each scheduled group session.
3. The number of students that were present for each session.

4. Pertinent comments/observations regarding student behavior.
5. Summative evaluation of the school psychologist and counselor at the conclusion of each session.

The second method to record data was the development of student portfolios. These portfolios included such items as:

1. Student work samples required by the writer.
2. Communication with parents (letters, phone calls, and conferences).
3. Communication with teachers and mentors of the students (notes, handouts, and conferences).

The third form of record keeping was a discipline file. This file was for the purpose of retaining the following:

1. Discipline cards and suspension letters.
2. Division of Youth and Family Service referrals and conferences.
3. Pupil Assistance Team referral forms.

All entries were made at the end of the school day or completed at home before the start of the next school day. The purpose of this procedure was to insure that all events were recorded in a timely fashion in order to maintain accurate records and to help the writer review the significant events of the day. This plan also aided in the preparation of appropriate activities and group lessons for the next day.

Information recorded in the writer's anecdotal records such as the journals and summaries of conversations held with Division of Youth and Family Service workers and parents was strictly confidential. This information was used by the writer and the

school psychologist to assess the needs of each student in order to plan appropriate group sessions and during individual counseling sessions. The writer encouraged the parent/guardian to share this information with the child's teacher in order that the teacher could have a better understanding of the child and the family dynamics, which might help to alleviate some of student's problems in school. Official school records, such as suspension/discipline letters, Pupil Assistance Committee referral forms, and discipline referral forms were accessible to teachers, parents, the principal, the school psychologist and other members of the Child Study Team.

## Chapter IV: Solution Strategies

### Discussion and Evaluation of Solutions

The problem to be solved in this practicum was first and second grade students, who had been identified as Division of Youth and Family Service (DYFS), and/or Child Study Team referrals, were unable to positively interact with their peers. The writer researched the following topic areas for the review of the literature:

1. Social and emotional learning programs.
2. Structured and systematic social skills identification and intervention programs.
3. Mentoring programs for primary school students.
4. Peer support groups for young elementary school students.
5. Programs and interventions for students prenatally exposed to drugs and/or presently living in an environment of substance abuse.
6. Peer mediation programs.
7. Life skills through adventure-based activities and programs.
8. Student conduct disorder and its relationship to the inability of student to positively interact with adults and with peers at home and in school.
9. Studies in resiliency for "at-risk" students.

Nine possible solutions were gleaned from the literature that, if implemented, would help first and second graders to positively interact with their peers.

One possible solution was the development of peer support groups to help students explore, better understand, and share their feelings in a safe environment rather than aggressively exhibiting their feelings toward others (Posthuma, 1996). Children

need the opportunity to express and ventilate their feelings about alcoholic parents. Peer support groups provide them the chance to release emotional feelings of guilt, shame, fear, and confusion in a safe, supportive environment (Ackerman, 1987). A recent study of the effects of counseling as a school-based service supported the use of peer support groups. Elementary school children appeared most responsive to treatment resulting in affective changes. The study further reported that school psychologists and school-based practitioners should make greater use of group interventions for helping students with adjustment problems. Cognitive and behavioral strategies appeared to yield the strongest effects. Not only does group counseling provide better utilization of services than individual counseling, but it is more cost and time effective by its capacity to serve more students (Prout & Prout, 1998). Prout and Prout (1998) stated "interventions appear particularly effective with students whose problems have an affective, self-esteem, anxiety or other internal basis or component" (p.133).

A second solution involved the systematic teaching, modeling, and reinforcement of age appropriate social skills in support groups to foster positive peer relationships (Bloomquist, 1996). To accomplish this goal, detailed teaching steps would include teaching the child specific positive social behavior skills, modeling exactly what the positive social behavior should look like, and role playing the targeted positive behavior (Bloomquist, 1996). These strategies are especially suited to peer support groups. Positive interactions will be reinforced through the group members and its leaders, and inappropriate behaviors will be reduced or eliminated through negative feedback by the group members. Group members are often confronted with pressure from the other

members to change or rethink their behaviors or actions. Bloomquist (1996) stated "behavior skills therapy groups provide children the opportunity to learn and practice these difficult skills in a controlled setting" (p.112). McGinnis and Goldstein (1984) in their book, Skill-Streaming the Elementary School Child, provide a sequential hierarchy of social skills and specific lessons targeting an elementary school population, to remediate different areas of concern. Designated lessons may be utilized as themes for peer support group lessons.

The third proposed solution was the adoption of a mentoring program where community mentors would be paired with elementary at-risk students. In this type of program, the role of the mentor is to develop, coordinate, and implement activities that reduce barriers to appropriate behavior and improve academic achievement (Campbell-Whatley, et. al., 1997). Throughout history numerous famous people had mentors who served as a source of guidance and support. Reglin (1997) reported "the importance of a mentor for bonding with a child and the child's ability to bond with the school and community is unrefuted. Policymakers, practitioners, and researchers agree that youth need positive consistent relationships with adults to support their development" (p.322). Mentoring empowers young people to do for themselves. No matter how much a child desires to succeed, he or she may not have the social and/or personal resources to do so. Mentors may be the only constant support for children who are otherwise plagued by inconsistency, lack of rules, broken promises, and mixed messages (Reglin, 1997).

At Northside Skills Center in Florida, volunteer community members served as mentors to tutor and counsel students "at-risk". Students were assigned a mentor based

upon academic need, determined by test scores, or the magnitude of their personal problems. These mentors served as valuable resources regarding attendance concerns, problems in the home, and student discipline. They phoned and/or visited absentee students and maintained progress charts. The results included fewer discipline referrals, higher academic achievement, and improved attendance. As a result of the program, students began to self-refer themselves for a mentor (Reglin, 1990).

A fourth solution described the use of the school psychologist as a preventative measure, rather than after or during the crisis situation. The school psychologist possesses a unique understanding of psychological, biological, and sociological issues which may motivate children to be hostile and disruptive. The use of this person as an intervention may prove beneficial (Ackerman, 1998).

A fifth solution found was the implementation of a peer mediation program to assist students in effectively expressing their emotions and working through their frustrations (Maasarini, 1998). Students frequently act before they think with little to no thought about the possible repercussions of their actions. In peer mediation sessions, students often listen to the advice of their peers, over what adults have repeatedly preached to them. In peer mediation programs, trained student mediators help their peers resolve conflicts in a constructive way. This concept moves the responsibility of problem-solving from adults to students by helping them to realize they are capable of resolving their own disputes by first discovering the problem and then devising their own solution. Participants in peer mediation programs learn communication, problem-solving, leadership, and mediation skills. Schools with active peer mediation programs claim

fewer incidents of violence, low suspension rates, less time spent on discipline, and a more peaceful school environment.

A sixth solution was the implementation of a school-wide social and emotional skills program. Elias et. al., (1997) stated "social and emotional learning is the process through which children and adults develop the skills, attitudes, and values necessary to acquire social and emotional competence" (p.2). These skills would be systematically incorporated into the school curriculum and may take the form of a "skill of the week program," special assembly programs, school incentive and recognition ceremonies, sharing circles, and/or class meetings (Elias, et. al., 1997).

One such program took place at Westside Elementary School in Florida. Each week a desired skill was introduced over the school intercom system. Classroom teachers then taught a lesson to the class pertaining to that skill. Students practiced the desired behavior with their classmates and teacher until the skill was mastered. Some of the classes created original skits that were performed for the entire school as an assembly program (Fischer, 1998).

The seventh solution involved the development of an adventure-based activities program. In such a program, disruptive students are placed in physically challenging activities that lead to learning cooperation, communication, the achievement of goals, and to trust in themselves and one another (Urlacher, 1998). Adventure-based programs are based upon experiential learning in which a structured sequence of cooperative group activities are planned in order to improve interpersonal skills, trust, and self-esteem. These activities which include excitement, risk taking, cooperation, competition, trust,

communication, physical activity, problem-solving, creativity as well as physical, mental, and emotional challenges are appropriate for age groups ranging from elementary school to adulthood (Moote & Wodarski, 1997). Moote and Wodarski (1997) reported:

> Adventure-based counseling programs use the group modality as the primary arena for change. Group members must work together as a team to achieve their goals, to follow safety and behavior guidelines, and to both give and receive positive and negative feedback. (p. 150)

Healthy Opportunities for Promoting Excellence (HOPE), developed by Darrell Urlacher, in Spokane Washington, is one such adventure-based program. Urlacher (1998) reported "when placed in a physically challenging environment, the emotions and behaviors that these students had been able to sometimes mask in their regular classes emerged, which enabled me the chance to help these children take on their problems" (p.21). In this program, children participated in a six-month experience, before returning to their respective classes. The class was comprised of 12 students, Urlacher, and 2 assistants. Teachers reported that when the students returned to their regular classes, a positive change in their behavior, academic skills and decision-making abilities were noted (Urlacher, 1998).

An eighth solution found social skills training programs for children were more effective when parents were provided an opportunity to increase their knowledge about life skills (Smith & Martin, 1995). The "Just Do It, Jr." (JDI) program was initiated in a rural four county western state in order to build on the strengths of families and schools. At-risk fifth grade students were taught life skills in small group and individualized

settings. Once they mastered these skills they taught them to younger students in the school. A parent component was added which was designed to encourage parent-child communication, impart parenting information, provide parents with a source of support while helping their child succeed, and assisting parents to focus on their children's strengths. Although parent meetings were held to disseminate and share information, many parents were unable to attend due to job responsibilities, babysitting problems, and transportation issues. In order to provide information to these parents, interactive parent postcards were used. Parents received 7 postcards from their child during the 10-week program. The information on these postcards corresponded to the life skills sessions that were being taught to their children. In addition, valuable parenting tips were included on the card. These messages were designed for busy parents. They were colorful and easy to read in order to attract the parent's attention. The students addressed the postcards and wrote short messages on them. Attached to the postcards were return postcards, so that the parents could respond to their children or inquire about a particular topic. As a result of the program, parents reported that they had gained information, observed strengths in their children, noted improved communication between themselves and their children, and felt a stronger link between home and school (Smith & Martin, 1995).

A ninth solution suggested educators must develop a "resiliency attitude" which involves searching for, nurturing, and reinforcing a child's resiliency when facing adversity. Six critical steps that schools can take to foster resiliency are increase bonding with a trusted adult, set clear and consistent boundaries, teach life skills, provide caring and support, set and communicate high expectations, and provide students with

opportunities for meaningful participation (Henderson, 1996).

One New Hampshire elementary school of 375 students has staff, students, parents, and community members working together to foster student resiliency. Some special activities that have been implemented are Monday morning meetings for the entire school, a student council, a school-wide discipline plan, a peer mediation program, in-service training for teachers, student support teams, and an extensive volunteer program of community members (Henderson, 1996). Henderson (1996) reported Barbara Wotherspoon, school principal stated "the initiatives we use help children to feel cared for, connected, and supported; to share a sense of responsibility in having high standards and clear boundaries; and to learn the skills needed to overcome difficulties" (p. 12).

Several ideas were generated from a review of the literature. First and foremost, the writer realized the importance of positive and continuous communication between parents, teachers, students, and the writer/school counselor. In order for the classroom teacher to play an active role, his or her input must be valued, especially considering the fact that the student is with this teacher for most of the school day. A teacher survey to determine which social skill areas need to be addressed would be most beneficial. Not only would this validate the teachers' beliefs concerning which behaviors are problematic, but would also enable the counselor/writer to plan appropriate interventions during the peer support group sessions.

Once the teacher and the counselor are in agreement as to what social skills need remediation, it is important to devise a plan for continuity of strategies and feedback. This could be provided through in-service sessions, informational handouts, and

regularly scheduled conferences.

It is also extremely important to actively involve the parents. By helping them to understand the intervention strategies that have been implemented at school, they can continue and reinforce these behaviors at home.

The second conclusion of the writer concerned the information regarding mentoring programs found in the literature. The writer has found through direct observation, that in the early elementary grades, adult mentors are not effective if the visits are weekly, which is often all the time that community volunteers are able to give. Young children do not have a true understanding of time and are not able to wait a week between visits. Teachers within the building would serve as excellent mentors because daily contact between mentor and mentee would be feasible. Teacher mentors could be assigned to work with students participating within the social skills peer support groups to further model and reinforce targeted behaviors.

Thirdly, the writer has observed the need to schedule social skill support groups more frequently than once a week. These groups should meet twice weekly for 30-minute sessions to promote continuity of learning and more frequent opportunities for reinforcement of skills. Instead of scheduling these groups for 8-10 sessions, these groups will be ongoing. This will enable the group facilitator to continually assess the group's progress, revamp the strategies until the target skills are attained, or reteach and reinforce when necessary. The school psychologist would also serve as the co-facilitator of the group as an early intervention procedure and to lend support to the group leader.

Upon careful consideration of the literature reviewed by the writer, the following is a critique of each solution as it applies to the writer's work setting.

1. Peer support groups for primary students in the school have been led by the writer/counselor for approximately six years focusing on topics such as divorce, bereavement, friendship, anger management, self-esteem, work-study skills, alcohol and substance abuse, and sexual abuse. These groups have been positively viewed by parents, teachers, students, and, administrators. For the purpose of this practicum, these groups should be continued and expanded to include social skills training.
2. The systematic instruction of social skills to promote desired behavior is imperative in a school where these positive behavior strategies are not taught or modeled in the home environment. There is growing support among educators, researchers, and parents regarding the effectiveness of teaching prosocial skills to children who are experiencing behavioral, social, or learning problems (Flanagan & Alfonso, 1996). Providing this type of instruction through the use of peer support groups would be a feasible option.
3. Mentoring programs within the school have previously failed because community volunteers serving as mentors often were inconsistent with their weekly visit, students were absent on designated visitation days, and the interval between visits was too long for primary school children. A mentoring program utilizing staff members as mentors would help to insure daily contact with mentors and mentees, continue previously established rapport between parent, teacher and student, and provide for the availability of the mentor in a crisis situation. Ancillary staff members could

provide coverage for the mentor's class in the event of an immediate emergency, where the designated mentor could be of service.

4. The recruitment of the school psychologist as co-facilitator of the social skills peer support group would be a beneficial and workable plan within the school. This individual knows the children personally and can add a new dimension to the understanding of psychological and emotional problems.
5. It is the opinion of the writer that peer mediation programs, although very commendable, are better suited to students in the middle and upper grades. These students have previously been instructed in the necessary skills and require guidance and support as to how and when to apply them.
6. The implementation of a school-wide social and emotional skills program may be too large a task for this practicum and may serve better as a practicum II proposal.
7. Most of the research indicates that adventure-based programs are primarily used with adolescents and are developmentally not age appropriate for grade one and two students (Moote & Wodarski, 1997). Special consideration would also have to be given as to financial feasibility as this program would require additional staffing, materials, space, and administrative approval.
8. In order to promote better home to school communication, many opportunities can be afforded to provide the parents with the opportunity to increase their knowledge of social skills. Portfolios of the student's group work, frequent conferences between the parent and the counselor/writer, letters and informational handouts, and invitations to visit the school could be implemented.

9. The idea of providing in-service training for teachers of peer support group participants regarding resiliency and the strategies and skills taught in group would assist in continuity, reinforcement, and transfer of learning.

Descriptions of Selected Solutions

There were four solutions the writer implemented for this practicum. One solution was the implementation of peer support groups to systematically teach social skills. Lessons were developed to stress age appropriate communication, problem-solving and decision-making skills, which had not been taught in the home and were required within the school setting to be in compliance with the school rules. Small peer support groups taught students the appropriate behavior skills to help reduce the number of discipline referrals to the principal, school suspensions, child study team evaluations, and improve report card behavior grades. The writer facilitated the peer support group with the help of the school psychologist as co-facilitator. Two groups comprised of the 12 at-risk students were formed. Seven students formed the second grade group and five students participated in the first grade group. Each group met twice a week with each session lasting for a period of approximately 30 minutes. The counselor/writer verbally surveyed the teachers of the respective students to schedule a convenient time for the group sessions. Parent permission was obtained by the counselor/writer (see Appendix A).

The second solution that the writer implemented was to in-service the classroom teachers of the group members regarding the value of social skills training. One 45-minute in-service was scheduled for the teachers who wished to attend. This training session was held prior to the first group session with the students and led by

the counselor/writer and the school psychologist. Additional training was offered as needed or via individual teacher conferences with the counselor/writer and/or school psychologist. The purpose of this in-service session was to promote consistency and conformity of social skills strategies taught and practiced in the group sessions with those used in the classroom. Classroom teachers were provided the opportunity to give their input as to what target behaviors they would like to see occur as a result of the peer support group lessons. This was accomplished through the use of a counselor-made Social Skills Checklist and the Individual Behavior Management Plan (see Appendixes B and C) which the teachers were asked to complete. These tools also assisted the counselor/writer and the school psychologist in the identification of specific social skills that were taught during the peer support group sessions.

The third solution selected was the implementation of an in-school mentoring program for the students of the peer support group. The writer believed the pairing of students with adult mentors within the school would help to teach the students alternative ways to deal with their problems, rather than those learned in the home environment, from a familiar, supportive and respected role model. All 12 students participating in the program were assigned a different teacher mentor. The pairing of students and mentors was arranged by the writer, with input from staff members who requested a certain student because of a pre-existing rapport. The mentor and the mentee's teacher arranged visitation times. Visits were scheduled for three or four times a week for 15-minute time intervals. Each teacher volunteering to mentor was responsible for only one student. Activities were left to the discretion of the mentor, although the writer provided a

suggested list of activities which the mentors used at their discretion (see Appendix D). Students observed and learned problem-solving skills from their mentor, which coincided with rules in the school through discussions, stories, reinforcement, and modeling of desired behavior. Mentors were required to keep a log of student visits, activities, concerns, crisis situations, parent and teacher contacts, and positive and negative behaviors observed. This log was reviewed weekly by the counselor/writer to assess growth or areas of concern. At any time, the mentors were encouraged to call upon the counselor/writer for assistance or when suggestions were needed.

The fourth solution included the education of the parents of the students enrolled in the social skills support group. Parents who had not been taught social skills themselves or who did not understand the need for teaching them received portfolios consisting of the work that their child had completed in the group each week. Also, included in the portfolio were useful parenting tips and information on social skills. As follow-up, the writer/counselor contacted parents throughout the duration of the group, either via direct conferences or telephone to discuss the portfolios and the skills being taught. Phone conversations also provided the opportunity for parents to ask questions, seek advice, or request information about outside agencies. Parents were encouraged to apply at home the skills that their children had learned in school to further reinforce learning.

Report of Action Taken

The writer assumed numerous responsibilities during the implementation of this program. The following operational plan describes the steps that were taken during the 12-week practicum. Permission to begin the practicum and all activities planned for its

implementation had previously been obtained from the building principal.

Month 1: Week 1

The first week of the program was dedicated to the planning, arranging, and organization of peer support groups for social skills. The writer verbally surveyed the teachers of the 12 students in order to schedule two 30-minute periods per week that would be convenient to conduct the peer support groups. The writer was then able to coordinate this schedule with the school psychologist who served as co-facilitator of the group sessions. Introductory lesson plans for the first two sessions were developed by the writer and reviewed with the school psychologist. The writer sent home written parent consent forms with each student following a phone conversation or school conference with each student's parent/guardian which explained the purpose of the support group (see Appendix A). These forms were collected and kept on file in the writer's office. All of the parents/guardians responded favorably to enrolling their children in a social skills group.

A social skills in-service for the classroom teachers of the respective group members was scheduled for the following week. This in-service was held after school for an approximately 45-minute period. The writer also distributed a memo and verbally solicited teachers who wished to volunteer as mentors for the students.

Month 1: Week 2

The second week of the program focused upon beginning the support groups and arranging the mentoring program. Students willingly attended the first two sessions. These sessions were primarily designed for the purpose of introducing group members,

providing an explanation of group procedures and rules, and discussing the objectives for the group. Even at the young age of first and second grade, these students were able to verbally state their specific inappropriate past behaviors and recognized the need to change these behaviors to prevent them from receiving further disciplinary actions. Each student desired to change the negative behavior patterns into positive behaviors.

During this week the writer, along with the school psychologist, conducted an after-school teacher in-service. The goal of this in-service was to define social skills, explain the purpose and need for social skills training with children, provide classroom intervention techniques, and discuss strategies to promote transference of skills from the group setting to the classroom. The staff was very attentive and open to new suggestions. At the conclusion of the meeting, each teacher was asked to submit a list of specific social skill behaviors that they would most like to see addressed in the group sessions (see Appendixes B and C). Not only did this information serve to assist the writer and psychologist in planning appropriate lessons and activities for the group, it provided the teachers the opportunity to express their views, opinions and observations of a student's behavior. Having been a former classroom teacher for 18 years, many times the classroom teachers' input and concerns are overlooked. This is extremely unfortunate since these educators spend the entire school day observing, teaching and interacting with these students. It was the writer's belief, that although the teachers had observed the writer teaching in their classrooms and knew of her previous experience as a classroom teacher, that by asking for their input these teachers were made to feel that they were being heard and that their opinions were validated.

The writer also paired each mentee with a volunteer teacher mentor based upon personalities, the student's behavior, and any previous rapport that may have existed between the student and mentor. The writer then met with each mentor to discuss the individual needs of each student, the content and importance of maintaining a log, and possible conditions when the counselor/writer should be notified. It was the mentor's responsibility to arrange visitation times with the mentee and the mentee's teacher. A written list of suggested activities was distributed to each mentor (see Appendix D).

Month 1: Week 3

By the third week students had comfortably adjusted to attending the group and meeting with their new mentors at the scheduled times. The group members had been given numerous opportunities to verbally and artistically express their feelings, thus enabling the students and facilitators to better understand each other. The writer and school psychologist conferred before and after group sessions to review input from the classroom teachers and student responses during the group to evaluate and develop appropriate lesson plans. At this time the writer reviewed with the school psychologist pertinent data such as discipline referral forms, parent information, mentor contacts, teacher input, school suspensions and/or unusual behavior patterns which had occurred in between group sessions. For the first time, students took home portfolios of the work they had completed in the group. Included in the folder, the writer attached a letter that listed the skill for the week and the techniques that had been taught to improve the negative behavior. Students returned the portfolios after they were signed by a parent or guardian. This enabled the parents to be aware of the lessons taught during the group and provided

them the opportunity to respond and ask questions. A special sticker chart was posted on the writer's office wall, as an incentive for returning the portfolios in a timely manner. Behavior and student interaction during the group sessions was excellent. Each time a new social skill was introduced the group discussed its importance, the facilitators modeled the skill, and the students completed worksheets and participated in role-play activities to reinforce the desired behavior. The writer observed the students in their respective classrooms as well as when participating in activities with their mentor. On these occasions, positive behavior was noted. With only 4 of the 12 students having received one discipline card each during the first 3 weeks, it appeared that the program was progressing nicely.

After speaking with several teachers informally regarding the progress of the students, the writer learned that there was a problem. Students were practicing their newly acquired social skills in the group sessions, during mentoring meetings, and on those occasions when the writer was present. The students were not, however, remembering and/or applying these skills in their respective classrooms or with their classmates. It appeared that transfer of learning had not taken place. In order to help rectify this situation, additional information handouts were distributed to the classroom teachers. These papers explained the specific skills that were being taught in the group. In several instances, when two or three-step plans had been taught to improve a specific behavior, these steps were listed for the teacher. The writer requested that these steps be practiced and reinforced in the classroom in order to promote transfer of learning. During the group sessions, the writer and school psychologist questioned the students seeking

possible reasons why they had not been practicing the skills that they had been taught. Using their input, numerous activities were developed that emphasized the importance of applying the new skills with their teachers and classmates, not just during group sessions and with group members. One such activity, which proved very effective and produced great enthusiasm, included the use of a set of doll figures to perform impromptu skits. Students were paired with a partner. The writer and school psychologist presented a problem scenario using the doll figures and the students had to problem-solve and demonstrate appropriate behaviors to the rest of the group members using the doll figure they had selected.

Month 1: Week 4

During the fourth week, the writer reviewed the mentor's logs for each student and provided suggestions if necessary. At this point the primary concern of the mentors was that some days the students did not come at their scheduled time. Upon investigation, the writer found that many times the teachers and/or students were involved in a lesson or project and simply had forgotten to send the child. A simple request by the mentor asking for the student to come seemed to remedy the problem.

The students continued to maintain enthusiasm for the group sessions. Often times, when meeting them in the hallway, they would inquire: " Do we have group today?" By this time, the group members were truly beginning to work as a team to problem-solve and had become less dependent upon the leaders for directions and answers. Students were providing advice to each other, listening to and questioning their peers' suggestions, discussing possible consequences, and forming their own conclusions.

On one occasion, an emergency with a student and parent occurred at the same time that group was scheduled. Ordinarily this would have meant the cancellation or postponement of a group session, however, since the school psychologist was available she was able to conduct the session until the writer was able to arrive.

Parent communication continued to be very positive. Parents who visited the school would often stop by to speak with the writer or call to discuss concerns about their child or a home problem. This provided the writer the opportunity to obtain a better understanding of the family dynamics and provide in-school and outside referral services if necessary. Some of these services included eyeglasses, after-school care, professional counseling services, and the Big Brother/Big Sister Program. Although notices had been sent home about the free Parenting Skills Workshops that were being offered at two locations within the district, it was an excellent opportunity to personally encourage these parents to enroll in the program.

At the end of 4 weeks, 8 of the 12 students seemed to be showing improvement, however four of the students' poor behaviors seemed to have escalated. Each one had received more than one discipline card during the week and one had been suspended from school. Staff members and parents were asking for assistance and were very confused by this sudden aggressive and more volatile behavior that was occurring on a daily basis. Individual conferences were immediately scheduled with each of the students' parents, their respective teachers, the school principal, and the writer during that week or for the following week based upon parent availability.

Month 2: Week 5

In each case, parents stated that serious family problems were at the root of the child's behavior. They explained that the behaviors that were manifested in school had also been occurring at home. Not only had all four of the students suffered abuse, neglect, violence and transience in the past, but all of the parents/guardians confided the details of traumatic events that their families were experiencing at the present time. These incidents were so severe that several had resulted in DYFS investigations and police reports. All of the parents/guardians were ready and willing to accept any services that the school could offer since their interventions so far had failed.

Being aware of these specific incidents enabled the writer to provide information to the teachers and mentors in order to help them better understand and be more supportive to these children in a time of crisis. Teachers were very cognizant of the emotional problems that these students had to deal with on a daily basis and how these problems negatively affected their social and academic growth. This new understanding caused them to be very willing to permit the students to leave the classroom in order to attend groups sessions, meet with their assigned mentors or engage in individual counseling with the writer. The severity of these situations prompted the writer to work independently with these four children almost on a daily basis, in addition to the practicum activities in which they already participated. The purpose of these daily interventions was to provide these students the opportunity to share their feelings and discuss these events in a safe environment. During these counseling sessions, the writer was able to introduce, practice and reinforce coping strategies to assist each student.

The writer and school psychologist continued to evaluate, modify, and plan social skills lessons. Student work portfolios were sent home to be signed and returned along with additional social skills information. It was during this week that the students began to self-evaluate and decide for themselves which interventions were the most helpful. Sticker incentive charts and student-made medals were utilized when positive behaviors were used to solve a problem. Students had to explain to the group the problem that they had faced, where it had occurred, and how they solved it in a positive way.

Month 2: Week 6

Consistent communication between parents, teachers, the building principal, and mentors was crucial at this stage of the practicum, especially for the students in crisis. The writer spoke with parents sometimes on a daily basis to report school behaviors, discuss the home situation, and to offer suggestions. For the four students who were experiencing the most difficulty, the writer provided information in order that parents could obtain medical and/or professional family counseling. In three cases, where the family appeared to be so dysfunctional that they were unable to follow through on the help suggested, the writer contacted the family's case worker at the Division of Youth and Family Services (DYFS) in order that they provide these services for the family. In many cases, because DYFS is a recognized government agency, a caseworker can arrange for services to begin more quickly than if a parent makes the request.

The writer continued to have individual conferences with the students in order that they would have opportunities to express their feelings and to discuss their individual progress. Informal conferences were held with classroom teachers to review progress,

discuss concerns, offer suggestions to help divert disruptive behavior patterns, plan strategies for dealing with uncontrolled emotional outbursts, provide information on the status of the family, and to explain any outside services that were being rendered.

The writer continued to collect data and maintain accurate records for each student. Planning and evaluation meetings with the school psychologist remained an integral part of the program, as the psychologist was able to provide numerous suggestions for intervention techniques. These strategies were shared with the classroom teachers and the parents so they could be used within the classroom or at home.

Month 2: Week 7

Many of the writer's responsibilities for the practicum continued during this period. Planning and evaluation meetings continued with the school psychologist, group sessions progressed, student portfolios were sent home, the mentor's logs were reviewed, accurate records were maintained for each student, and frequent communication continued between teacher, parent, principal, counselor/writer, and any outside agency workers. Although the writer knew 10 of the 12 students' parents prior to the practicum, a stronger rapport was established during this period. These parents/guardians called, sent notes, and stopped by the writer's office and the students' classrooms weekly to report personal events that had occurred in the home, to seek further resources for friends and family members, or to check on their children's progress. It was during these informal meetings, that the writer was able to emphasize the importance of children not being permitted to hear some of the personal problems that were occurring in their parent's lives. It enabled the writer to teach the parent that although they might wish to give their children

explanations for the events they have had to suffer, young children are not developmentally ready to process and understand this information. The writer encouraged the parents to listen and talk with their children. She further recommended that discussions regarding these topics should be simple and age appropriate.

Month 2: Week 8

Implementation of previously discussed activities continued throughout week eight of the practicum. To help reinforce group lessons with actual behavior in the classrooms, the writer presented a social skills lesson in one of the first grade and one of the second grade classrooms, where six of the practicum students were assigned. Not only did this serve as a demonstration lesson for the classroom teacher, it showed the students' peers what they were learning in the group sessions, and enabled the students in the group the opportunity to correctly answer questions, receive positive attention, and prove their ability to behave appropriately in front of their classmates.

Month 3: Week 9

Incentives for positive behavior proved to be effective for the students. These included: stickers, special jobs within the school, notes and phone calls home, and certificates of improved behavior. The writer and school psychologist encouraged the students to relate positive accounts of the use of their new skills not only during group sessions, but on an individual basis when they were permitted to leave their classrooms and meet with the writer.

During the third month, a school-wide "Peace Awards" program was instituted. It honored students who had exhibited such characteristics as kindness, cooperation,

listening, sharing, and conflict resolution skills. Each week, honorees had their names announced over the intercom and printed on the "Peace Awards Bulletin Board" located outside of the main office. They also received a "Peace Award" certificate and pin. Of the 12 students participating in the practicum, 5 received a "Peace Award" and 7 did not.

Month 3: Week 10

The social skills support group continued to meet bi-weekly under the direction of the writer and the school psychologist. New skills were introduced and practiced along with previous techniques. Group sessions always were initiated by presenting a specific problem to be solved. Students were encouraged to relate strategies that they had found successful throughout the week. The sessions concluded with a circle activity that required the students to verbally express something that they had learned in the group and would try to apply if such a situation arose. Student portfolios were again sent home for the parent's/guardian's signature. All of the parents were apprised of their children's progress via a telephone call or an informal in-school conference.

One of the students, who had previously been retained in the first grade, continued to exhibit severe disruptive behavior in his classroom. Interventions that had seemed to fail included the peer support group, individual sessions with the writer, professional counseling, visits with his mentor, conferences with both parents, after-school detention, teacher intervention strategies and incentives, and finally a three-day suspension from school. At this point the writer placed him back with his former first grade teacher for a trial period of one week. The student had done very well with this teacher even though he had been retained the year before. The retention had not been due to behavior

problems, but rather academic underachievement and social immaturity. The parent, both teachers, and the building principal were all in agreement to give this one last attempt before making a request for an evaluation from the child study team to determine the cause of this behavioral disorder.

Month 3: Week 11

During the 11th week, a summative assessment of the students' progress was conducted by the writer and the school psychologist. Records and informal reports from the teachers were reviewed to determine the number of recorded discipline cards sent to the office for each student, the number of in-school and out of school suspensions, and which students needed to be referred to the Pupil Assistance Committee for further help. The writer and school psychologist also met to discuss the date for the termination of the peer support groups and the activities that would be planned for the students to celebrate closure of the group. The writer met with each of the students and their respective teachers to discuss the final group session. It was important for the teachers, students, and parents to understand that although the group was about to end, students would still be permitted to visit the counselor and meet with their mentors.

Month 3: Week 12

During the final week of the practicum, closing activities were conducted for the social skills support groups by the school psychologist and the writer. These activities included a special party on the last session where certificates of completion and student portfolios were distributed to each of the group members. Group members were encouraged to now independently practice their newly acquired skills. Students were

again reminded that they could visit the writer/counselor if a situation arose where they needed help and that they would continue to meet with their individual mentors until the end of the school year. The writer wrote thank you notes to each of the mentors thanking them for their time and efforts and requesting that they continue this endeavor as a support system for these students for the remainder of the school year. The teachers and parents had previously been made aware that group activities would conclude at this time. Parents felt comfortable in the fact that they could contact the school at any time if they had a concern.

The writer began the process of organizing the data needed in order to analyze the results of the practicum. Judgements to determine if each outcome was successful required the compilation of discipline cards, suspension reports, Child Study Team referrals and report card behavior grades.

# Chapter V: Results

## Results

The problem to be solved in this practicum was that first and second grade students, who had been identified as Division of Youth and Family Service (DYFS), and/or Child Study Team referrals, were unable to positively interact with their peers. Often times, this resulted in classroom crises that interrupted academic instruction for the disruptive student as well as the entire class. The solution that the writer utilized consisted of four components which included peer support groups to systematically teach social skills to students, instruction for teachers regarding strategies and the value of social skills training, an in-school mentoring program, and education and resource services for the parents. The goal of this practicum was to help these students to positively interact with their peers.

The following four outcomes were projected for this practicum.

1. Eight of the 12 students will display appropriate behavior and not be sent to the principal's office with a discipline card for aggressive behavior for more than one offense during the last month of the practicum.

This outcome was met. During the last month of the practicum, only 4 of the 12 students were sent to the office more than one time with a discipline card written by their teacher. The writer measured this outcome by counting the number of discipline cards submitted to the office for each student during the marking period.

2. Eight of the 12 students will not need referral to the Child Study team at the conclusion of the practicum.

This outcome was met. Eight of the 12 students did not need further services from the Child Study Team. Of the four who did need additional services, one previously classified student required a more restrictive placement for the next school year. The other three students' original referrals were reactivated, however, the services requested were now academic rather than behavioral in nature. The writer scheduled a meeting of the Pupil Assistance Committee to regenerate the process. She measured this outcome by maintaining a folder that contained the names of students and the rationale for referral to the Child Study Team.

3. Fewer than 4 of the 12 students will be suspended from school during the last 4 weeks of the practicum activities.

This outcome was met. Only 1 of the 12 students was suspended from school during the last 4 weeks of the practicum. Throughout the entire practicum, there were only two suspensions. This outcome was documented and measured by a count of the school suspension letters sent home to parents and information recorded in the writer's journal.

4. Eight or more of the 12 students will receive a "satisfactory" rather than a "needs improvement" on their report cards in the subject labeled "Behavior" on the 3rd marking period report card.

This outcome was met. Eight of the 12 students received a "satisfactory" rather than a "needs improvement" on their report cards in the subject labeled "Behavior" on the 3rd marking period report card. The writer measured this outcome by collecting the report cards and counting the number of "satisfactory" and/or "needs improvement" grades recorded by the classroom teachers.

Discussion

The results of the practicum indicated to this writer that the strategies implemented were successful. In assuming a leadership role for this practicum, it was essential for the writer to serve as a liason between parent and teacher, teacher and student, and parent and student. Working in the education field for over 25 years as a teacher and as a guidance counselor, many times parents would telephone the school, irate over an incident involving their child that had occurred on the bus, at the bus stop, in the classroom, on the playground and/or in the lunchroom. Often they would place the blame on the teacher or on another student, rather than admitting their child was at fault or had provoked the incident. Sometimes, when the parent reacted defensively or in anger it was due to the fact that they were suffering stressful situations at their job, within their family, with the child, or had encountered negative experiences while in school themselves. Unfortunately, they did not feel comfortable confiding this information and as a result their negative and/or abusive comments prevented any opportunity to resolve the situation or encourage positive feedback. By attentive listening, providing services, and offering education to the parents, they felt empowered and an integral part of their child's education. When one of these same parents was contacted by the principal or the writer concerning a school infraction involving their child, the parent was willing to listen and reinforce the school policy by following-up with appropriate and consistent consequences at home. Gustafson (1998) wrote:

> Monthly phone calls have kept me up-to-date on my students' lives. Without them, I might not have known about abuse in a child's past, a custody battle, the death of a

beloved grandfather, a parent who lost a job, or a hurtful episode of name calling on the playground or at the bus stop. (pp. 31-32)

Frequent communication between the home and the school to discuss progress as well as concerns, helped to build a healthy rapport that promoted respect and trust between the parent and the writer which often turned a potentially defensive parent into one with a supportive, cooperative attitude. This positive relationship between school and home had a major effect upon the reduction of suspension offenses for these students. It is the writer's belief that suspension does not improve or positively alter the behavior of the student. On many occasions, it results in a more negative behavior pattern. Often times, students are left home unsupervised or sent to a babysitter where they spend the day playing and watching television. If the infraction results in an in-school suspension, these students are required to spend the day in another classroom or complete designated class work in the counselor's office. Both alternatives result in "getting out of class", extra attention, and less academic work. Unless a counseling component is added, the student has not learned any alternative strategies to help him/her to behave properly. As a result the same negative behaviors reoccur when the student returns to the same classroom and the same teacher.

All 12 of the students who participated in the practicum were experiencing problems at home that were much more serious and greater in magnitude than the writer had originally imagined. Many times, the children could not express their feelings appropriately because, not only did they not have the vocabulary, but they lacked the maturity to clearly understand the situation, although intuitively they knew something

was wrong. These students exhibited argumentative, angry, hostile, and defiant behaviors that were characteristic of Oppositional Defiant Disorder. These expressions of outward protest are often symptomatic of unmet basic human needs such as a sense of bonding, acceptance, affiliation, and identity (Sattler, 1998). These children lacked meaningful adult conversation and relationships in their lives. By building positive relationships with their mentors, group members, and the writer, the students began to feel more comfortable discussing their feelings. When they were sent to the office, due to inappropriate behavior, they were able to respond in a more positive manner by verbalizing the incident, rethinking their actions, and stating appropriate social skills' strategies that had been taught in the group sessions.

Recommendations

There are two recommendations the writer believes would benefit others who wish to implement a similar program in their work place.

1. It is essential to build a positive rapport among parents, teachers, and students. The program coordinator must be readily available to parents, teachers, mentors, and students throughout the school day. This availability must also be extended to include before and after the start of the school day. Parents are not always able to call or come to the school during designated school hours because of jobs, childcare, or transportation issues. Teachers are also subject to time constraints due to teaching responsibilities and preparation for classes and must be offered flexible opportunities for conferences with the coordinator. The coordinator must take the time to genuinely listen and assess the concerns of the parents and teachers and be prepared to offer a myriad of possible

solutions and have referral services and information readily accessible. Without breaching confidentiality, the coordinator must keep the mentors and the teachers informed of the family dynamics and other serious events which may negatively impact the students in order to avert potential crises in the classroom.

2. Extensive training in social skills, knowledge of local resources, and a cooperative network with agency personnel is the second recommendation of the writer to anyone who wishes to implement a successful program. The writer had previously been in-serviced at numerous workshops, seminars, and graduate courses. She taught graduate level courses on the topics necessary for performing guidance services at the K-12 level. Continuing one's learning and research in as many specialty areas as possible in order to be knowledgeable and have current up-to-date information is invaluable. During the 12-week practicum the writer attended two additional workshops relating to social skills. One workshop on "Anger Management" was very helpful in confirming some of the writer's past practices and learning some new strategies for children, teachers, and parents. A second workshop which was presented by two members of the crisis intervention staff from the local hospital, discussed identification of students with Oppositional Defiant Disorder, strategies that could be utilized in the school setting when a student's behavior became out of control, and resources available for parents who are seeking help for their children with this disorder. Some of these activities were utilized in the support group and provided to the classroom teachers and parents of the students.

One way to further this practicum would be to extend the services of this practicum to all students experiencing difficulties in school. Mentoring, teacher in-services, and more

frequent parent communication could be provided for all students who participate in peer support groups. Topics for these groups may include HIV-aids, divorce, bereavement, study skills, asthma, and physical/sexual abuse. In each circumstance, students would benefit from support group sessions and an in-school mentor for guidance. In order for maximum growth, scheduling brief in-services for staff members on these topics would help to disseminate information and provide them with a better understanding about these critical and often sensitive issues. This would also help to eliminate the preconceived notion so often heard by the writer: " What magical things do you do in group anyway?" There is no magical solution to what occurs during the group sessions. By removing this illusion and replacing it with information, the teachers will be better equipped to deal with the emotional needs of their students which directly impact on academic success.

The benefits of teaching children social skills beginning at a young age cannot be underestimated. If we wish to provide our children with the academic skills that they will need in the future, foster the belief of lifetime learning, and adequately prepare them for the workplace, it will be necessary that schools implement school-wide programs and develop curriculum for the systematic teaching of social skills within each classroom beginning with primary school age children.

Dissemination

The practicum results have been disseminated to the students' respective teachers and mentors, the building principal, and the school psychologist via informal conferences and during Pupil Assistance Committee meetings. It is the intention of the writer to share the practicum solutions, outcomes, and recommendations with the guidance counselors in the

five other elementary schools within the district. These counselors are faced with the same type of student population and problems as the writer and are continually searching for new approaches and interventions.

This information would also be helpful to the district counselors when the students leave the writer's school to attend the sister schools for grades three through five. Past practice has been to forward a list of the second grade students, whom the counselor has worked with, to the next counselor prior to the start of the first day of school. This list of potential at-risk students states the primary focus of the interventions applied for each student. Throughout the school year, should more details be needed or a concern arises regarding one of these students, follow-up phone calls between the counselors provide further background information. Furnishing the counselor with the knowledge that these students and families have participated in an extensive program targeting social skills would be of tremendous value when meeting and working with these families for the first time.

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# APPENDIX A

## PARENT CONSENT FORM

Date:

Dear Parent/Guardian,

I would like your permission to have _____ participate in a peer-support group for social skills at Lenna Conrow School. This group will be led by Dr. Wolf (school psychologist) and the guidance counselor. Some of the topics that we will discuss may include: listening skills, making friends, remembering manners, controlling anger, and talking about out feelings. This group will meet twice a week for a period of thirty minutes. Portfolios containing copies of the students' work will be sent home weekly for your signature. Also, included will be information about social skills and parenting tips.

If you have any questions, please do not hesitate to contact me at 222-3428.

Sincerely,

Diane Haviland
(Guidance counselor)

Parent/Guardian signature:_____

Date: _____

# APPENDIX B

## SOCIAL SKILLS CHECKLIST

# SOCIAL SKILLS CHECKLIST

Name of student:_____ Date: _____

Teacher/Rater:_____

Directions: Rate the student on his/her use of each skill, based on your observations of the student's behavior in the classroom, using the scale below.

1= Almost always

2= Sometimes

3= Almost never

| | | | |
|---|---|---|---|
| 1. The student knows how and when to ask for help. | 1 | 2 | 3 |
| 2. The student ignores classroom distractions. | 1 | 2 | 3 |
| 3. The student listens attentively. | 1 | 2 | 3 |
| 4. The student is able to share/take turns with others. | 1 | 2 | 3 |
| 5. The student is able to express his/her feelings in an acceptable matter. | 1 | 2 | 3 |
| 6. The student is able to express anger appropriately. | 1 | 2 | 3 |
| 7. The student is able to cope with teasing by others. | 1 | 2 | 3 |
| 8. The student is able to accept the consequences of his/her behavior. | 1 | 2 | 3 |
| 9. The student is able to accept losing at a game or activity. | 1 | 2 | 3 |
| 10. The student can accept being told "no" without becoming angry or disruptive. | 1 | 2 | 3 |

| | | | |
|---|---|---|---|
| 11. The student is able to apologize genuinely, on his/her own after an incident with another. | 1 | 2 | 3 |
| 12. The student interacts positively with adults. | 1 | 2 | 3 |
| 13. The student interacts positively with peers. | 1 | 2 | 3 |
| 14. The student becomes easily angered/upset (throws objects, yells, cries, hides, runs away). | 1 | 2 | 3 |
| 15. The student becomes physically aggressive when angry (hitting, pushing, punching). | 1 | 2 | 3 |
| 16. The student is disruptive to classroom instruction (calls out, teases others, makes noises). | 1 | 2 | 3 |
| 17. The student touches others or uses sexually inappropriate words/actions. | 1 | 2 | 3 |
| 18. The student blames others, rather than accepting responsibility for his/her actions. | 1 | 2 | 3 |
| 19. The student displays temper tantrums. | 1 | 2 | 3 |
| 20. The student requires directions repeated frequently. | 1 | 2 | 3 |
| 21. The student maintains eye contact during verbal communication. | 1 | 2 | 3 |

Please list any additional concerns or information that you feel would be helpful.

# APPENDIX C

## INDIVIDUALIZED BEHAVIOR MANAGEMENT PLAN

INDIVIDUALIZED BEHAVIOR MANAGEMENT PLAN

Child's Name_____

I. Identify the target behavior to be changed.
   A. List the student's problematic behaviors:

      1. _____

      2. _____

      3. _____

   B. Choose the target behavior.

      _____

II. Decide on the desirable behavior

   _____

III. List possible reinforcers.

   1. _____

   2. _____

   3. _____

IV. How will the reward be given?

# APPENDIX D

## IN-SCHOOL MENTORING PROGRAM

IN-SCHOOL MENTORING PROGRAM

Dear _____.

Thank you for accepting a student to mentor. I realize that this is very time consuming, however, many positive results were noted with those students and staff members who participated last year.

Student:

Classroom:

Sincerely,

Diane Haviland

MENTORING SUGGESTIONS:

1. Please meet briefly with your student daily or as many days as you can spare.
2. Arrange with the student's teacher the best time period to meet.
3. The meetings between mentor and mentee should not be based upon behavior, but unconditional in nature. As time passes and rapport builds, conditions may be imposed.
4. When working as a mentor you may wish to:

   - Provide encouragement – "Pep talks"
   - Review homework/class work – "Praise"
   - Invite student to visit or assist in your class – "Self-esteem"
   - Discuss, model, and role play appropriate problem-solving methods